

## Health Home Quality Improvement Workgroup - 6/22/2022

### Participants

<b>Pamela Lester Iowa Medicaid</b>	<b>Heidi Weaver Iowa Medicaid</b>	LeAnn Moskowitz Iowa Medicaid
<b>Tami Lichtenberg Iowa Medicaid</b>	<b>David Klinkenborg AGP</b>	<b>Sara Hackbart AGP</b>
<b>Tori Reicherts ITC</b>	<b>Bill Ocker ITC</b>	<b>Flora Schmidt IBHA</b>
<b>Susan Seehase IACP</b>	Kristi Oliver Children's Coalition	Paula Motsinger Iowa Medicaid
<b>Stacy Nelson Waubonsie</b>	<b>Amy May Waubonsie</b>	<b>Geri Derner YSS</b>
<b>Jen Cross Orchard Place</b>	<b>Kim Keleher Plains</b>	<b>Andrea Lietz Plains</b>
<b>Melissa Ahrens CSA</b>	<b>Christina Smith CSA</b>	<b>Faith Houseman Hillcrest</b>
<b>Ashley Deason Tanager</b>	<b>Stephanie Millard First Resources</b>	<b>Kristine Karminski Abbe</b>
<b>Shawna Kalous Plains</b>	<b>Rich Whitaker Vera French</b>	<b>Jamie Nowlin Vera French</b>
Crystal Hall Tanager	<b>Brooke Johnson Abbe</b>	Mike Hines Tanager
Karen Hyatt DHS	Ericka Carpenter Vera French	Kelsey Poulsen Tanager
Krystal Arleaux Orchard Place	Kellee McCrory U of I	<b>Brooke Watson Iowa Medicaid</b>

### Notes

#### Timeline:

- Reviewed Workgroup timeline
  - May need to add one or two more meetings. Please put place holders on your calendars.
  - No questions/responses from the group

#### Last meeting Notes:

- No questions/concerns from group.

#### Draft Workgroup Report:

- No questions/concerns from group.

## Follow-ups:

- Survey Results regarding PMPM and FI Assessment
- Pam will be sending the survey results out with the notes
- Reviewed survey results (see survey results document for more information/respondent comments)
- 31 respondents
  - **Question 1:** If the MCOs identify a code such as S0280 or S0281 that would reduce the denials, would you be in favor of changing the 99490?
    - Richard Whitaker - moving from at CPT code to a HCPCS code puts it in a different "camp". Need to ensure the MCOs can support this. This is important for most providers, particularly if they provide mental health services.
    - Geri Derner- still struggle with changing the code to avoid some duplication/issues.
      - Pam - want to be sure you document date/time of service
      - Geri Derner - we do document that information, we have a process for when therapy occurs the same day/after the IHH service.
        - Pam - lets discuss offline regarding your process. **In reviewing with Geri, she changes the date of the claim and doesn't change any documentation. This is a PMPM you do not have to bill on the date of a note.**
    - Jamie Nowlin - we have numerous challenges with denials.
    - Pam - there has been direction from MCOs on what modifier to put on the claim. Will be discussing this at the Claims and Benefits meeting scheduled for tomorrow. More to come.
    - Richard Whitaker - our billing staff would be willing to go through a month of pain to make this change rather than go through the same issue month after month.
      - Christina Smith - agrees with Richard
    - Next steps:
      - Pam to present workgroup proposal at the Claims and Benefits meeting and get a recommendation from the MCOs. **MCOs will send this to Iowa Medicaid by July 1, 2022.**
  - **Question 2:** Would you be in favor of a report to document Health Home Services provided for a given month instead of submitting on a claim?
    - Pam - survey results show that you are still advocating for no add on codes. The next recommendation is one code. Overall survey responses are showing that a report is not supported.
    - Richard Whitaker - is there a possibility for flexibility to do this since there is a split? One method being on a report and the other on the claim?
    - Dave Klinkenborg - will need modifiers to designate between the 4 tiers in the billing. On the roster billing downside is that billing staff

would have a hard time reconciling member by member status (labor intensive).

- Christina Smith - not recommending a roster billing, suggest billing one service and if you need to include more services you would give separately. If we can get away from that, that would be ideal. Would not want to do roster billing.
  - Richard Whitaker - not advocating for roster billing. Just reporting at end of month out of your EHR or reporting it on the claim.
  - Pam - we will update the workgroup report with your recommendations:
    - Recommend removing the requirement for informational codes on the claim.
    - If no, recommend using one code to represent one or more Health Home Services delivered
    - If no to recommendation 1 and 2, recommend flexibility to put HH service(s) on a claim or in a report.
- **Question 3:** If the functional impairment documentation were documented through an assessment tool administered by the Health Home, would you be in favor of all Health Homes using the same tool?
- Pam - the survey results show the use of an assessment tool is preferred
  - Geri Derner - suggest that if we go this route, we have IHH folks involved in the creation of it to ensure it will be useful. Want to be sure the IHHs have a voice.
    - Brooke Johnson - agree with Geri
  - Pam - do you think that using a tool that has been studied and used would be beneficial instead of creating one?
    - Brooke Johnson - so many unknowns to answer. Being involved on which way to go is important.
  - Pam - your feedback indicates that the group needs to work through what that would look like. What are your suggestions on how to get there?
    - Richard Whitaker - suggest a workgroup that includes providers and some department members to look at some tools and come up with some options. Maybe look at 5 different options and recommend one.
      - Brooke Johnson - agree
  - Pam - do you think that a separate workgroup would be helpful?
    - Geri Derner- yes, I would be supportive at that. Workgroup's top of mind needs to be "why are we doing this"?
      - Pam- the why is to replace the need to track down functional impairment documentation from a LMHP.
    - Christina Smith - need to keep in mind the discussion previous to this. People doing the work should be on the workgroup.

- Geri Derner - when you said that it would replace the need to track down the functional impairment documentation from a LMHP, does this mean it be an all or nothing or an alternative to tracking down an assessment?
  - Pam - think of me as the facilitator, not what you can't or can propose. Sounds like to me that group wants an assessment as it was in the 2016 SPA, then go back to the statement (the IHH determines the functional impairment). What does that look like in your proposal?
- Geri Derner- wonder if we can have the best of both worlds? Either have functional impairment documentation from a LMHP or the IHH can use this form.
  - Brooke Johnson - agrees with Geri. Yes, that makes sense and what I would also be interested in is an "either/or" option as well.
  - Group agrees
- Pam - will add to Health Home Workgroup Report that you are recommending a separate workgroup to be developed to determine what that assessment is (workgroup will ensure leveling setting, what is the why, etc). Noting that in the 2016 SPA the IHH completes the functional impairment. The workgroup would like to continue the option to obtain the functional impairment from the LMHP or the IHH completes the assessment tool (two ways to get the information).
  - Group agrees

#### **Health Home Services:**

- **Comprehensive Care Management:**
  - Service definition (SPA p.28):
    - *At least monthly reporting of member gaps in care and predicted risks based on medical and behavioral claims data matched to Standard of Care Guidelines*
      - Kristine Karminski - what is the intent of that? Very wordy.
      - Pam - the intent is - identifying and reporting on member gaps in care. Predicted risks are based on medical and behavioral health claims. Goes along with high, med, low. Makes sure you are using standard of care guidelines. There is a lot in there. If you feel it captured elsewhere, we can remove or edit.
      - Kristine Karminski - what if we were to reword to "review of member gaps in care and predicted risks"
        - Brooke Johnson - hung up on "At least monthly". Feel like it is saying we need to do monthly regardless of other Health Home services provided.
    - Pam- any other thoughts on how you would change it?

- Remove the "At least monthly" statement?
    - Andrea Lietz - agree with Brooke
    - Brooke Johnson - yes, remove the monthly statement
    - Faith Housman - agree with Brooke
- **Care Coordination:**
  - Pam - last meeting we agree on no changes to the definition and activities for this Health Home service. Just want to be sure no changes.
    - Kristine Karminski - the Federal verbiage and SPA are different. Are you asking if we want to keep the SPA the same?
      - Groups agrees to keep the same
    - Health Information Technology
      - Kristine Karminski - the bullet points seem to tie in with the Lead Entities assisting the Health Homes. Are these some of the things that the Lead Entities could provide under HIT?
      - Pam - goal is to have flexibility. Would you change or add to this to create a sense of flexibility?
      - Christina Smith - Reading this appears as the lead entity is to do. Don' see anywhere in the first paragraph that the provider will do. Are there other areas in the SPA that says what the provider needs to do?
      - Kristine Karminski - not sure if it needs to be changed. If the Lead Entity provides and we use in the everyday functions, the IHH role is to implement.
      - Christine Smith - need to be careful will changing it. Need to be part of the process.
      - Pam - under each Health Home service need to include how HIT will be used
      - Richard Whitaker - is it that the MCOs provide these options or should they provide it to the state and the state provide these options to the IHHs. Sounds like these are ideas (not required). Thinking they need to be required. Maybe we need to update to reflect "provide at least these things...", minimum set of tools. Is it making sure the state has the information they need or the MCOs are required to provide a minimum set of HIT tools and support functions?
      - Pam - Do you think that maybe having a separate HIT discussion (for entire SPA) would be something the group would like to do?
      - Kim Keleher - yes, I agree, this may take a few separate meetings to discuss specifically.
      - Christina Smith - agree
      - Kristine Karminski - agree, some duplication, having a HIT specific conversation makes sense.
      - Pam - will pull out HIT from our discussion and plan to discuss as part of a separate workgroup.
  - Who can do what with each service? (SPA p.31)

- Any recommendations on who can do what?
  - Kristine Karminski - feel that the Care Coordinator does a lot of the care coordination. Does each HH Core Service need an identified role?
    - Pam - this is the same conversation with Care Management. Who does what?
  - Andrea Lietz - can we take Peer Support and Family Peer Support and remove it from "Other"?
    - Pam- in the MacPRO there is required team members and a section for other, that is where we put the lead entity and Peer Support. Does it make more sense to put in what makes sense to you in the SPA rather than mimic MacPRO?
  - Andrea Lietz - Do we have to label who is responsible for each service?
    - Pam - when we updated - wanted a team-based approach but hearing that it needs to be more team oriented. All HH roles play an important role in each HH service.
  - Brooke Johnson - is there a different way that it can be worded to show that the nurse is responsible for the medical pieces?
  - Geri Derner - like how the roles are broken down. Troubled with all of the responsibility that is given to the nurse. If there is better way to equally distribute that responsibility that would be great.
- Pam - how can we articulate this in the SPA?
  - Kristine Karminski - do not want it to be too prescriptive. Don't want to bullet point it out.
  - Brooke Johnson - agree with Kristine
  - Geri Derner- see that it is a joint effort. See as a shared responsibility.
  - Kim Keleher - can we add another bullet point - this is a team and not one specific role is responsible for everything?
  - Richard Whitaker - can it be worded "Nurse Care Managers will provide medical support services to the team and care coordination related to medical services received by members" ?
  - Pam - Person centered care plan/service plan- you as a team are responsible. Efficient and team-based approach. Keeping high level and removing some of the bullets. Some of the bullets were added because it seems like there was some confusion on who could do what.
  - Geri Derner- anything we can do support team-based approach from the beginning will go a long way.
- Pam- what are you recommending putting in report?

- Richard Whitaker- need to add that is a team-based approach.
  - Geri Derner - team based approach maybe needs to be added to each of the core services
    - Group agrees
- **Health Promotion:**
  - *Federal Definition: Health Promotion means the education and engagement of an individual in making decisions that promote his/her maximum independent living skills and lifestyle choices that achieve the following goals: good health, pro-active management of chronic conditions, early identification of risk factors, and appropriate screening for emerging health problems*
  - *SPA Definition: Health Promotion means the education and engagement of an individual in making decisions that promotes health management, improved disease outcomes, disease prevention, safety, and an overall healthy lifestyle.*
    - SPA has a shortened definition. Shall we leave it the same?
    - Kristine Karminski - current SPA makes sense
      - Group agrees
  - Activities under this Health Home Service (SPA p.32) Any recommended changes?
    - Richard Whitaker - maybe clarify this is a list of examples but not exhaustive. Could be construed that you must do these 10 bullets.
      - Jen Cross - agree
    - If we were to add a bullet, what would it state?
      - Richard Whitaker - maybe in parentheses add "Activities may include but are not limited to the following"
        - Jen Cross - agree
  - Description:
    - SPA:
    - *Nurse Care Managers will be responsible for the oversight of this service*
    - *Care Coordinators can assist the Nurse Care Manager with the delivery of this service*
    - *Other*
    - *Peer support specialist may assist with this service through peer lead programs i.e., Wellness Recovery Action Plan (WRAP)*
    - *The Lead Entity assists the IHH in performing health promotion*
    - What would you change here?
      - Melissa Ahrens - also add team-based approach as discussed above
      - Ashley Deason - agree
    - Pam - what I am hearing is to remove oversight of service, remove other, add team-based approach.
      - Kristine Karminski - remove statement after "Peer Support specialist"

- Pam - so remove the detail after each role?
    - Group agrees
- **Comprehensive Transitional Care:**
  - *Federal Definition: Comprehensive Transitional Care means the facilitation of services for the individual and family/caregiver when the individual is transitioning between levels of care (including, but not limited to hospital, nursing facility, rehabilitation facility, community-based group home, family, or self-care) or when an individual is electing to transition to a new Health Homes provider. This involves developing relationships with hospitals and other institutions and community providers to ensure and to foster the efficient and effective care transitions. Health Homes should establish a written protocol on the care transition process with hospitals (and other community-based facilities) to set up real time sharing of information and care transition records for Health Homes enrollees.*
  - *SPA Definition: Comprehensive transitional care is the facilitation of services for the individual and supports when the member is transitioning between levels of care (nursing facility, hospital, rehabilitation facility, community-based group home, family, or self-care, another Health Home).*
  - Any updates to be made?
    - Brooke Johnson - Sounds like its only applicable when a member is coming from inpatient care
      - Group agrees
    - Pam- the title is the federal title, cannot change. Do we want to add the statement "or when an individual is electing to transition to a new Health Homes provider" into the SPA?
      - Yes, group agrees to add the statement
      - Pam to add as a recommendation in the Workgroup Report
  - Activities under this Health Home Service:
    - Anything to add or remove in the SPA? (SPA p.33)
      - Karminski - SPA references the "Ensuring the following: Receipt of a CCD...." but feel like we receive more of a Summary of Care.
      - Geri Derner- add after Service definition "Activities may include but are not limited to the following" Should be added to the other core services.
        - Pam - there are some things that are absolutely required. What are the things in the service definition (in general) that needs to be done (maybe not every month)? How do you do delineate the "may" from the "must"? Think about that for next meeting. We need to clarify this is a must (assessment and plan of care), may include based on member's need.
          - Geri Derner- the assessment and plan of care is above before we get to the 6 core services. Would like to add Richard's verbiage in the service definition.



- Pam - assessment and plan of care is within Comprehensive Care Management.
- Kristine Karminski - should we use the Federal verbiage to make a little more condensed?
  - Group agrees

**Next Meeting:**

- Review Workgroup Report
- Health Home Services - will continue with Transitional Care Management.
- Share report from MCOs on potential code changes.
- Pull out HIT to tackle all together vs separated by Health Home Service.
- Create a separate workgroup to identify a FI assessment tool to propose.
  - Assess 5 options
  - Ensure understanding of the reason behind the request and issues that lead up to this.
  - Must be less burdensome than the current process.
- Next Section: Quality Improvement (what is the oversight and how we review that). Part of that is the Telligen analysis